



EOPS

Transfer Request Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

College I am Currently Attending: \_\_\_\_\_ Current College ID #: \_\_\_\_\_

Name of College I am Transferring to: \_\_\_\_\_

I authorize the release of the following information regarding my history with Extended Opportunity Programs and Services (EOPS) and Cooperative Agencies Resources for Education (CARE) to from the college, to the college listed above.

Student Signature: \_\_\_\_\_

Note: This is a request for services and is not intended to imply the transfer of financial aid eligibility.

This portion of the form is to be completed by the EOPS Office at the current community college listed above.

The student is applying for EOPS/CARE and has indicated that he/she has been receiving EOPS/CARE services. Please complete this section of the transfer request form and include a copy of the student's educational plan and unofficial transcripts.

Cumulative Degree Applicable Units: \_\_\_\_\_ Last term enrolled in EOPS/CARE: \_\_\_\_\_

Term of Acceptance in EOPS: \_\_\_\_\_ Term of Acceptance in CARE: \_\_\_\_\_

Educational Disadvantaged Criteria:

- Not qualified for minimum English or math
High school GPA below 2.5
Other:
Not high school graduate or no GED
Previous enrolled in remedial courses

Please indicate if the student has complied with the EOPS Mutual Responsibility Contract or other requirements at the college.

Yes No If no please explain why.

Please indicate any other comments or special needs.

EOPS Director or Designee Contact Information:

Name: Signature:
Phone Number: ( ) e-mail: